Filing Number: 65836600

TX2017 05-102 (Rev.9-15/33) VER. 8.0

## **Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

■ 1code 13196									
■ Taxpayer number	Repo	rt year	$\neg$			ertain rights			
30007445809	201		Government Code, to review, request and correct in we have on file about you. Contact us at 1-800-						
Taxpayer name ENTEX BANCSHARES, INC.				_ C	heck box if the i				
Mailing address P.O. BOX 71					1 -	ry of State	,	number	or
City IStat	te "X	Z	IP Code plus 4 7543	2		583660			
Check box if there are currently no changes from previo	-	ation is display			<u> </u>				
Principal office									
Principal place of business			<del>.</del>			1886   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   188			
P.O. BOX 71, COOPER, TX 75432  You must report officer, director, member, general partner and it	manager information	as of the date	vou complete this	renort					
Please sign below! This report must be sign	•	•	,	•					
	Ť		•			3000	74458	0917	,
SECTION A Name, title and mailing address of each officer, Name	director, member, ger	neral partner o	r manager.	Director		m m	) d	d y	У
	1100			X YES	Term	<i></i>		<u>u</u> ,	
JOE TURNER Mailing address	City				expiration State	<u> </u>	ZIP Code		
P. O. BOX 71	COOPER	·		D't-	TX		<u>75432</u>		
Name	Title			Director X YES	Term	m m	d	d y	у
DONNA KING	TR			<u> </u>	expiration	<u> </u>			
Mailing address P. O. BOX 71	City COOPER				State TX		ZIP Code 75432		
Name	Title			Director	Term	m m	d	d y	у
PATRICIA THATCHER				X YES	expiration				
Mailing address P. O. BOX 71	City COOPER				State TX		ZIP Code 75432		
SECTION B Enter information for each corporation, LLC, LP,			n which this entity	owns an interes	t of 10 percent	or more.			
Name of owned (subsidiary) corporation, LLC, LP, PA or financial ENLOE STATE BANK	l institution	State of for	rmation	Texas SO	S file number, i	f any	Percentage 100	of owne	ership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial	State of fo	rmation		OS file number, if any Percentage of ownership					
		_1		1					
SECTION C Enter information for each corporation, LLC, LP,									
Name of owned (parent) corporation, LLC, LP, PA or financial ins	titution	State of for	rmation	Texas SO	S file number, i	f any	Percentage	of owne	ership
Registered agent and registered office currently on file <i>(see insi</i> Agent: ANITA FREEMAN	tructions if you need t	to make chang		u must make a ent, registered o				ange reg	istered
Office: 222 LEXIE ST.		k	ity ENLOE		Sta	ate TX	ZIP C	Code 441	
The information on this form is required by Section 171.203 of the	e Tax Code for each	corporation, LL	.C. LP. PA or finan	cial institution th	nat files a Texas	Franchise 7	Fax Report	. Use ad	ditiona
sheets for Sections A, B, and C, if necessary. The information I declare that the information in this document and any attachmen mailed to each person named in this report who is an officer.	nents is true and corr	ect to the best	of my knowledge	and belief, as o	of the date below	w, and that	a copy of t	this repo	rt has
LLC, LP, PA or financial institution.		itle		Date		Area code	_	·	
sign here		PRESIDE		Jale		(	)	-	
	Texas Comn	troller Offi	cial Use Only						
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■ Tcode 13196

■ Taxpayer number	■ Repor	t year			You have e	artain riah	ste wader Ch	antor 552	and 550			
30007445809		2017 <sup>G</sup>				You have certain rights under Chapter 552 and 559, Sovernment Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.						
Taxpayer name ENTEX BANCSHARES, INC.			Check box if the mailing address has changed.									
Mailing address P.O. BOX 71				Secretary of State (SOS) file number or Comptroller file number								
COOPER State	Code plus 4 75432 0065836600											
Check box if there are currently no changes from previous	us year; if no informa	tion is displayed,	complete the app	licable inforr								
Principal office												
Principal place of business												
You must report officer, director, member, general partner and n	 nanager information a	as of the date you o	complete this rep	ort.								
Please sign below! This report must be signed	ed to satisfy fran	nchise tax requ	uirements.									
SECTION A Name, title and mailing address of each officer, or	director, member, gen	eral partner or ma	nager.			300	07445	30917	•			
Name	Title		1	rector	Torm	m	m d	d y	у			
EMILY MARTINEZ	PRES			YES	Term expiration							
Mailing address P. O. BOX 71	City COOPER				State TX	*	ZIP Code 75432					
Name	Title				1	m i	m d	d y	у			
JOHNNY PATTERSON				YES	Term expiration							
Mailing address P. O. BOX 71	City COOPER				State TX		ZIP Code 75432	,				
Name	Title		1 _	rector	Term	m i	n d	d y	у			
JEANNIE SWAIM				YES	expiration							
Mailing address P. O. BOX 71	COOPER	· · · ·	•		State TX		ZIP Code 75432	·				
SECTION B Enter information for each corporation, LLC, LP,		ition, if any, in whi	ch this entity ow	ns an interest		or more.	1,0101	<u> </u>	!			
Name of owned (subsidiary) corporation, LLC, LP, PA or financial	State of format	on	Texas SOS file number, if any Percentage of owner									
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution State of			on	Texas SOS	file number, i	f any	Percentage of ownership					
SECTION C Enter information for each corporation, LLC, LP, I	PA or financial inetitu	tion if any that ou	une an interest of	10 paraont a	r mara in this a	untite (	1					
			on		file number, i		Percentage of ownership					
Registered agent and registered office currently on file (see inst		You must make a filing with the Secretary of State to change registered										
Agent: Office:		City	agent,	, registered o	ffice or general	•		Code				
The information on this form is required by Section 171.203 of the	Tax Code for each o	orporation, LLC, L	P, PA or financial	I institution th	at files a Texas	Franchise	Tax Repo	rt. Use ac	ditional			
sheets for Sections A, B, and C, if necessary. The information I declare that the information in this document and any attachm been mailed to each person named in this report who is an office	ents is true and corre	ect to the best of r	ny knowledge an	d belief, as o	f the date below	v, and tha	at a copy of	this repo	ort has			
been mailed to each person named it this report who is an offic LLC, LP, PA of financial institution.	Tit		Date	Α .	. A		e and phon					
here WWW/W/ / )W/W	P	RESIDENT		1-12-	<u> </u>	(	)					
	. Texas Compl	roller:Official	Use Only					i i				
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								<b>81 1 3881</b> 10	11 <b>0 8 8</b> 1			
IIII III KAAT (-BOSS-BOSS-BOSS-BOSS-BOSS-BOSS	<b>}</b> ;[ <b>-\$</b> 05;[ <b>-\$0</b> 5;[/	<b>4</b> 0%/40%/4										
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Taxpayer name ENTEX BANCSHARES, INC.					Cho	eck box if the	mailing ad	dress has char	ged.				
Mailing address P.O. BOX 71				•			ary of State	e (SOS) file no	mber or	r			
City State COOPER TX		ZIP C	ode plus 4 75432				58366						
Check box if there are currently no changes from previous year	r; if no information	on is displayed,		plicable	inform	<u>_</u>							
Principal office						7							
Principal place of business													
You must report officer, director, member, general partner and manage	er information as	of the date you	complete this re	port.									
Please sign below! This report must be signed to	satisfy franc	hise tax rec	uirements.										
SECTION A Name, title and mailing address of each officer, directo	-						300	0744580	917				
Name	Title			irector		T	m ı	n d d	у	У			
ANITA MOODY	SECRETARY			X YI	ES	Term expiration							
Mailing address P. O. BOX 71	City COOPER	<u>,                                      </u>			State TX	ZIP Code 75432	2						
Name	Title			rector		Term	m i			У			
				YI	S	expiration							
Mailing address	City	•			State		ZIP Code						
Name	Title		C	irector		Term	m i	n d d	у	У			
				Yi	ES	expiration							
Mailing address	City					State		ZIP Code					
SECTION B Enter information for each corporation, LLC, LP, PA, or	financial instituti	on, if any, in w	hich this entity ov	vns an	interest	of 10 percent	or more.	<u> </u>	_				
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institu	ne of owned (subsidiary) corporation, LLC, LP, PA or financial institution State of formation				as SOS	file number,	if any	Percentage o	f owners	ship			
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institu	State of forma	nation Texas SOS			file number,	if any	Percentage of ownership						
SECTION C Enter information for each corporation, LLC, LP, PA or 1	6:	:						<u> I</u>		I			
SECTION C Enter information for each corporation, LLC, LP, PA or finame of owned (parent) corporation, LLC, LP, PA or financial institution						file number,	-	Percentage o	f owners	hin			
	<del></del>				filing with the Secretary of State to change regis								
Registered agent and registered office currently on file (see instruction Agent:	is if you need to i	make changes)				iling with the S fice or genera			ge regis	tered			
Office:	City					St	ate	ZIP Co	de				
The information on this form is required by Section 171.203 of the Tax C sheets for Sections A, B, and C, if necessary. The information will	Code for each cor	poration, LLC,	LP, PA or financia	al institu	tion tha	nt files a Texas	Franchise	Tax Report.	Jse addi	itional			
I declare that the information in this document and any attachments is been mailed to each person named in this report who is an officer, dir	true and correct	t to the best of	my knowledge a	nd belie who is	ef, as of not cur	the date belo rently employe	w, and tha ed by this	it a copy of thi or a related co	s report orporatio	has n,			
LLC, LP, PA or financial institution. sign here	Title			Date			Area code and phone number						
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